
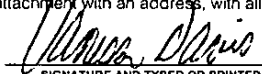


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2006 8:00 am
Secretary of State

08-16-2006 90002 019 ****61.25

DOCUMENT # N97000000014					
1. Entity Name JULIUS GUINYARD TENNIS ASSOCIATION, INC.					
Principal Place of Business 953 TURTLE CREEK DR S JACKSONVILLE, FL 32218 US			Mailing Address P O BOX 41013 JACKSONVILLE, FL 32203-1013 US		
2. Principal Place of Business 3066 Starratt Crk. Dr. S.		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Jacksonville, FL 32226		City & State		4. FEI Number 59-3484951	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAVIS, VANESSA 953 TURTLE CREEK DR S JACKSONVILLE, FL 32218			7. Name and Address of New Registered Agent Vanessa Davis Street Address (P.O. Box Number is Not Acceptable) 3066 Starratt Crk. Dr. S. (New Address) City Jacksonville FL Zip Code 32226		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME BRANTLEY, PURCELL STREET ADDRESS 2522 SPIREA ST CITY-ST-ZIP JACKSONVILLE, FL 32209	<input checked="" type="checkbox"/> Delete		TITLE PD NAME DAVIS, VANESSA STREET ADDRESS 3066 STARRATT CRK. DR. S. CITY-ST-ZIP JACKSONVILLE, FL 32226	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TD NAME WALKER, RICHARD STREET ADDRESS 2215 HARE LAKE DRIVE CITY-ST-ZIP ORANGE PARK, FL 32003	<input checked="" type="checkbox"/> Delete		TITLE VD NAME MILTON, DELORIS STREET ADDRESS 6750 ROTH DRIVE W. CITY-ST-ZIP JACKSONVILLE, FL 32209	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VD NAME LAMKIN, JOHN STREET ADDRESS 8978 SANDUSKY DR CITY-ST-ZIP JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete		TITLE TD NAME LAMKIN, JOHN STREET ADDRESS 8978 SANDUSKY DRIVE CITY-ST-ZIP JACKSONVILLE, FL 32216	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE SD NAME SMALL, CHARLINE E. STREET ADDRESS 5304 GOLF COURSE DRIVE CITY-ST-ZIP JACKSONVILLE, FL 32277	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			08/08/06 (904) 751-2185		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		